



Attny. Dkt. No. 071949-2404

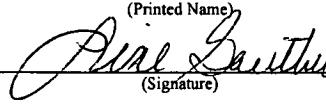
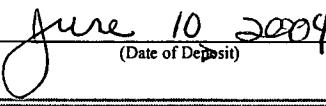
1627  
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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Kenneth F. Buechler et al.  
Title: HYBRID PHTHALOCYANINE DERIVATIVES AND THEIR USES  
Appl. No.: 09/776,599  
Filing Date: February 1, 2001  
Examiner: Jon D. Epperson  
Art Unit: 1627

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to: Commissioner for Patents, Alexandria, VA 22313-1450, on the date below.

LINE GAUTHIER  
(Printed Name)  
  
(Signature)  
  
June 10 2004  
(Date of Deposit)

## RESPONSE TO OFFICE ACTION

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed on March 10, 2004, please enter the following amendments and consider the following remarks.

**Amendments to the Claims** begin on page 2 of this document.

**Remarks/Arguments** begin on page 5 of this document.

Please amend the application as follows:



Atty. Dkt. No. 071949-2404

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Kenneth F. Buechler, et al.  
Title: HYBRID PHTHALOCYANINE DERIVATIVES AND THEIR USES  
Appl. No.: 09/776,599  
Filing Date: 2/1/2001  
Examiner: Jon D. Epperson  
Art Unit: 1639

<b>CERTIFICATE OF MAILING</b>	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date below.	
Line Gauthier (Printed Name)	<i>Line Gauthier</i> (Signature)
June 10, 2004 (Date of Deposit)	

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

[ X ] The fee required for additional claims is calculated below:

	Claims As Amended	Previously Paid For	Extra Claims Present	Rate	Additional Claims Fee
Total Claims:	16	-	20	= 0 x \$18.00 =	\$0.00
Independent Claims:	1	-	3	= 0 x \$86.00 =	\$0.00
				First presentation of any Multiple Dependent Claims: + \$290.00 =	\$0.00
				CLAIMS FEE TOTAL =	\$0.00

[ X ] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872. If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date June 10, 2004

By Barry Wilson

FOLEY & LARDNER LLP  
Customer Number: 30542  
Telephone: (858) 847-6722  
Facsimile: (858) 792-6773

Barry S. Wilson  
Registration No. 39,431  
For  
Richard J. Warburg  
Registration No. 32,327